



**KARATINA UNIVERSITY
STUDENTS AFFAIRS**

**APPLICATION FORM FOR STUDENTS LEAVE OF ABSENCE
SECTION C TO BE APPROVED BEFORE STUDENT'S DEPARTURE
SECTION A: TO BE FILLED BY THE STUDENT**

FULLNAME _____ REGNO _____
MOBILE.NO _____ EMAIL _____ ROOM RESIDENCE _____

I am requesting to be granted leave of absence for _____ days with effect from (date) _____ To _____ (date) on account of _____
*sickness/Maternity/compassionate/Special leave (Delete whichever is applicable)

If other reasons other than the above stated please specify here below:

***Students on compassionate leave will be exempted from having signatures for HOD**

The following CATS/EXAMS are likely to be missed during this absence.

STUDENTS SIGNATURE _____

SECTION B

COURSE CODE	COURSE TITLE	LECTURERS NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B TO BE FILLED BY HEAD OF DEPARTMENT

SECTION C DEAN OF FACULTY/SCHOOL /INSTITUTE

I do recommend/not recommend _____ leave days.

Signature _____ DATE _____

Dean Faculty/Institute of _____

SECTION D DEAN OF STUDENTS

I do recommend/not recommend leave of absence for _____ days from date _____

To (date) _____ *reasons for not approving (specify here below)

Signature _____

Date _____

cc Registrar Academics
Dean, Faculty/School/institute

Head of Department
Student copy